

RAYMOND G. KEENAN
ATTORNEY AT LAW
233 GRAND AVENUE
SHIRLEY, NY 11967
(631) 603-9752

July 11, 2018

Equal Employment Opportunity Commission
33 Whitehall Street - 5th Floor
New York, NY 10004

Re: New Charge of Discrimination (Andrea Bryan)

Dear Sirs:

I have enclosed for filing a Charge of Discrimination and related documents on behalf of my client, Andrea Bryan. The Charge concerns Ms. Bryan's employment with the Commack Union Free School District.

The Charge is being filed without a prior meeting with an EEOC representative because of upcoming statutory time limitations. After leaving a voice message at the phone number listed on EEOC's website, I was contacted by Gladys Marrerro, an EEOC employee in Texas. Ms. Marrerro explained that the Charge should be filed by mail sent to the local office due to the time limitations.

Ms. Bryan has numerous documents and other evidence to support her Charge of discrimination, harassment and retaliation over a number of years. We look forward to sharing these with you at the appropriate time.

Sincerely,


RAYMOND G. KEENAN

Enclosures

EEOC Form 5 (11/09)

CHARGE OF DISCRIMINATION This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.		Charge Presented To: _____ Agency(ies) Charge No(s): _____ <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC	
_____ and EEOC State or local Agency, if any			
Name (indicate Mr., Ms., Mrs.) <u>Ms. Andrea Bryan</u>		Home Phone (Incl. Area Code) <u>631 969 1850</u>	Date of Birth <u>6/10/1972</u>
Street Address <u>11 Arctic St. Bay Shore NY 11706</u>		City, State and ZIP Code	
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)			
Name <u>Commack Union Free School District</u>		No. Employees, Members <u>500+</u>	Phone No. (Include Area Code) <u>631 912-2000</u>
Street Address <u>480 Clay Pitts Road East Northport NY 11731</u>		City, State and ZIP Code	
Name		No. Employees, Members	Phone No. (Include Area Code)
Street Address		City, State and ZIP Code	
DISCRIMINATION BASED ON (Check appropriate box(es).) <input checked="" type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input checked="" type="checkbox"/> NATIONAL ORIGIN <input checked="" type="checkbox"/> RETALIATION <input type="checkbox"/> AGE <input type="checkbox"/> DISABILITY <input type="checkbox"/> GENETIC INFORMATION <input type="checkbox"/> OTHER (Specify) _____			DATE(S) DISCRIMINATION TOOK PLACE Earliest _____ Latest _____ <input checked="" type="checkbox"/> CONTINUING ACTION
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)): <u>See attached</u>			

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures. I declare under penalty of perjury that the above is true and correct.	NOTARY – When necessary for State and Local Agency Requirements I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT <u>Andrea Bryan</u> SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year) <u>July 10, 2018</u> <u>Raymond G. Keenan</u> RAYMOND G. KEENAN
<u>7/10/18</u> Date	<u>Andrea Bryan</u> Charging Party Signature

Notary Public, State of New York
 No. 02KE6100711
 Qualified in Suffolk County
 Commission Expires Oct. 27, 2019

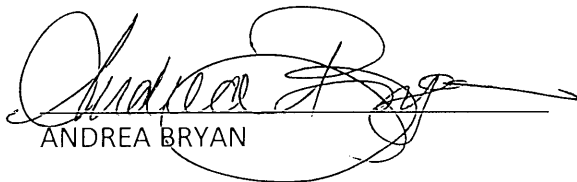
ANDREA BRYAN - CHARGE OF DISCRIMINATION (COMMACK UFSD)

I have been discriminated against and harassed by teachers, administrators and students based on my race, color and national origin. I have also been retaliated against and ostracized for opposing this discrimination and harassment. I am a senior teacher in the High School English department and still have no dedicated classroom, unlike many white junior teachers. I do not feel welcome in the English department office and have avoided the office as much as possible for the last three years.

Incidents of harassment and discrimination against me were known by school administrators based on reporting by me and others. Nevertheless, in May 2018 I filed a formal discrimination/harassment complaint pursuant to recent District policy. Despite the policy's two-week standard for an initial report and recommendation, I was informed by the District's compliance officers that no action beyond my June 19th interview would occur until September 2018. A copy of my District complaint is attached.

Despite my previous complaints, there has been no improvement in this hostile working environment. In fact, this increasingly intolerable situation has only deteriorated during the 2017-18 school year.

Using EEOC's Public Portal, I completed the Information Self Screening. Based on my responses, it appeared my complaint was covered by the laws EEOC enforces. I also completed EEOC's Intake Questionnaire (copy attached). I look forward to speaking with an EEOC representative to provide additional information, documentation and other evidence concerning this Charge.



ANDREA BRYAN



Commack Public Schools
Discrimination & Harassment Complaint Form
 (please type or print clearly)

Date submitted:

May 25, 2018

SECTION I

Name of Complainant (print)

Signature of Complainant

Andrea Bryan

Complainant's Home Address

Complainant's Phone Number(s)

Street Address 11 Arctic Street

Home: (631) 969-1880

City/Town, State

Cell: (631) 741-9899

Bay Shore, NY

Zip Code

Work: ()

11706

Complainant's Role(s) in the School (check all that apply)

☐ Student☒ District employee

Grade: _____

☐ Parent or guardian

Age: _____

☐ Community member or other

SECTION II

School/Building Name/Location

School Principal's Name/ Department Head

Commack High School
Scholar Lane
Commack, NY 11706

Leslie Boritz / Charles Schutz

SECTION III

The Discrimination or Harassment is Based on Your: (check all that apply)

☒ Race☐ Political Affiliation☒ Color☐ Age☐ Creed☐ Marital Status☐ Religion☐ Military Status☐ Religious Practice☐ Veteran Status☒ National Origin☐ Disability☐ Ethnic Group☐ Weight☐ Sex (includes sexual harassment and sexual violence)☐ Domestic Violence Victim Status☐ Gender Identity☐ Arrest or Conviction Record☐ Sexual Orientation (the term "sexual orientation" means heterosexuality, homosexuality, bisexuality, or asexuality)☐ Genetic Information☒ Other (specify) Retaliation

SECTION IV

Date of first alleged incident of discrimination or harassment:

See Attachment

Name of the person(s) committing action(s) against complainant, if known:

Name(s):

Their job or role (if known):

Description of incident(s):

See Attachment

Witnesses, if any, or others who should be contacted with knowledge vital to this investigation (include contact information for each person):
-Use additional paper if necessary-

Name(s):

Contact Information:

Others you may have discussed this incident with, including contact information for each:

Name(s):

Contact Information:

SECTION V

If there are multiple instances of alleged discrimination or harassment, provide the dates, description of the incidents, and those involved:
☐ Section does not apply

Name(s):

Their job or role (if known):

See Attachment

Description of incident(s) with dates:

Has this matter of discrimination or harassment been previously reported?

☐ No☐ Yes

Date:

Reported to (Name, Title/Job):

If yes, describe the outcome or resolution:

SECTION VI

Remedy, outcome or resolution sought by complainant:

I want to work in a non-hostile environment.

Once completed, please forward this form to the District Compliance Officer at PO Box 150, Commack, NY 11725 or
Complianceofficer@commack.k12.ny.us.

Non-exclusive list of incidents in past few years

Date	Incident	Actor/witness
August 2012-	IB curricula training. I was denied continuation for second half of two-phase program. Junior white teacher approved (Sarah Beth Vogt).	
2013/14	Food was on the table in the English office at lunch time, including bags of peanuts. I asked Phil Ciccione if I could take a bag of peanuts. He replied that the food on the table was "for white's only". I reported this incident to supervisor.	Phil Ciccione Raina Ingoglia
May 2015	Lead teacher asked that I translate "slave talk."	Phil Ciccione
2015	Phil Ciccione demoted as a result of his slave talk comment and the retaliation against me begins. I have been left off school and department email notices since this time.	
2015	English teacher leading an Infinite Campus Grade book training refused to answer my question after I had my hand up and called her name. When I left the training at the end, I heard teachers congratulating her on her "balls" not to speak to me!	Dana McNeil
March 2016	Two incidents during PD sessions at which department teachers attempted to isolate and ostracize me.	Karen Malone Dawn Mulvey
June 2015-2017	Festivus - end of year English Department event that I have not attended since the retaliation began. Asked teacher Marni Luskoff last year if I should attend. She asked me "who would you sit with?"	English Dept.
September 2017	Repeated harassment by student JF, who had previously called me "Aunt Jemima," and his friend, CA.	CJ Schultz Leslie Boritz
September 25, 2017	"Rasta" man photo posted in English office as a reminder to submit rosters. Reported to principal and subsequently removed.	CJ Schultz Leslie Boritz
October 2017	Parking lot incident involving students asking "do you have any syrup? I have pancakes." Involved board member's son - no punishment for him.	Donald James Leslie Boritz

December 2017	Secret Santa -run by Dana McNeil. \$50 limit. I was extremely embarrassed by the presentation to me of a very cheap gift in a showy spectacle apparently made for others teachers in the department office to enjoy.	Dana McNeil Courtney Dean Karen Malone
February 2018	I have contributed to the Sunshine Fund for years (\$55/yr.) and never received any card, flowers etc., even after a serious accident on Feb. 5 th that was known to the school.	Michael Larson
March 2018	Discussed lack of improvement in hostile work environment with Asst. Supt. for Human Resources, remarking that nothing had changed. He responded "I know."	Reza Kolahifar
April 22, 2018	CJ reported an alleged complaint from Dana McNeil that I was mad at her for not opening my classroom door; he acknowledged English department was a "mean place with really mean people"; CJ knew at least one person in the department who intimidated others; I stated that I knew people in department had tried to get me fired and recounted incident with Theresa being driven out of chair position by teachers led by Karen Malone (2011). The concern for Dana McNeil feelings contrasted sharply with my treatment in this department. I don't remember a time when CJ spoke about my feelings, on my behalf, to them. He said Dana was one of the nicest people who would do anything for you, again in sharp contrast to my experience (see 2015 Infinite Campus entry above)	CJ Schultz Dana McNeil
May 2018	I am a senior teacher in this department and still have no dedicated classroom, unlike many white junior teachers. I do not feel welcome in the English department office and have avoided the office as much as possible for the last three years. I have been discriminated against and harassed by teachers, administrators and students based on my race, color and national origin. In addition, I have been retaliated against and ostracized for opposing this discrimination and harassment. Despite my previous complaints, there has been no improvement in this hostile working environment. In fact, this increasingly intolerable situation has only deteriorated during the current school year.	



EQUAL EMPLOYMENT OPPORTUNITY COMMISSION INTAKE QUESTIONNAIRE

Please immediately complete the entire form and return it to the U.S. Equal Employment Opportunity Commission ("EEOC"). **REMEMBER**, a charge of employment discrimination must be filed within the time limits imposed by law, generally within 180 days or in some places 300 days of the alleged discrimination. Upon receipt, this form will be reviewed to determine EEOC coverage. **Answer all questions as completely as possible, and attach additional pages if needed to complete your response(s).** If you do not know the answer to a question, answer by stating "not known." If a question is not applicable, write "n/a." Please Print.

1. Personal Information

Last Name: Bryan First Name: Andrea MI: _____
 Street or Mailing Address: 11 Arctic Street Apt Or Unit #: _____
 City: Bay Shore County: Suffolk State: New York ZIP: 11706
 Phone Numbers: Home: (631) 969-1850 Work: (_____) _____
 Cell: (631) 741-9899 Email Address: abryan1913@gmail.com
 Date of Birth: 06/10/1972 Sex: Male ☐ Female ☒ Do You Have a Disability? ☐ Yes ☒ No

Please answer each of the next three questions.

- i. Are you Hispanic or Latino? ☐ Yes ☐ No
- ii. What is your Race? Please choose all that apply. ☐ American Indian or Alaska Native ☐ Asian ☐ White
☒ Black or African American ☐ Native Hawaiian or Other Pacific Islander

iii. What is your National Origin (country of origin or ancestry)? Barbados - West Indies

Please Provide The Name Of A Person We Can Contact If We Are Unable To Reach You:

Name: Raymond G. Keenan Relationship: Attorney
 Address: 233 Grand Ave City: Shirley State: NY Zip Code: 11967
 Home Phone: (_____) _____ Other Phone: (631) 603-9752

2. I believe that I was discriminated against by the following organization(s): (Check those that apply)

☒ Employer ☐ Union ☐ Employment Agency ☐ Other (Please Specify) _____

Organization Contact Information (If the organization is an employer, provide the address where you actually worked. If you work from home, check here ☐ and provide the address of the office to which you reported.) If more than one employer is involved, attach additional sheets.

Organization Name: Commack Union Free School District
 Address: 480 Clay Pitts Road County: Suffolk
 City: Commack State: NY Zip: _____ Phone: (631) 912-2000
 Type of Business: School District Job Location if different from Org. Address: Commack High School
 Human Resources Director or Owner Name: Reza Kholahifar Phone: _____

Number of Employees in the Organization at All Locations: Please Check (✓) One

☐ Fewer Than 15 ☐ 15 - 100 ☐ 101 - 200 ☐ 201 - 500 ☒ More than 500

3. Your Employment Data (Complete as many items as you can) Are you a Federal Employee? ☐ Yes ☐ No

Date Hired: 09/01/2003 Job Title At Hire: Teacher
 Pay Rate When Hired: _____ Last or Current Pay Rate: \$130,000
 Job Title at Time of Alleged Discrimination: Teacher Date Quit/Discharged: _____
 Name and Title of Immediate Supervisor: CJ Schultz - Department Chair

If Job Applicant, Date You Applied for Job _____ Job Title Applied For _____

4. What is the reason (basis) for your claim of employment discrimination?

FOR EXAMPLE, if you feel that you were treated worse than someone else because of race, you should check the box next to Race. If you feel you were treated worse for several reasons, such as your sex, religion and national origin, you should check all that apply. If you complained about discrimination, participated in someone else's complaint, or filed a charge of discrimination, and a negative action was threatened or taken, you should check the box next to Retaliation.

☒ Race ☐ Sex ☐ Age ☐ Disability ☒ National Origin ☐ Religion ☒ Retaliation ☐ Pregnancy ☐ Color (typically a difference in skin shade within the same race) ☐ Genetic Information; choose which type(s) of genetic information is involved:
☐ i. genetic testing ☐ ii. family medical history ☐ iii. genetic services (genetic services means counseling, education or testing)

If you checked color, religion or national origin, please specify: Black/African-American; Originally from Barbados

If you checked genetic information, how did the employer obtain the genetic information? _____

Other reason (basis) for discrimination (Explain). _____

5. What happened to you that you believe was discriminatory? Include the date(s) of harm, the action(s), and the name(s) and title(s) of the person(s) who you believe discriminated against you. Please attach additional pages if needed.

(Example: 10/02/06 - Discharged by Mr. John Soto, Production Supervisor)

A) Date: 09/25/17 Action: Photo of black Jamaican "Rasta" man posted in English office. Additional incidents over the years are described on the attached complaint.

Name and Title of Person(s) Responsible: _____

B) Date: _____ Action: _____

Name and Title of Person(s) Responsible: _____

6. Why do you believe these actions were discriminatory? Please attach additional pages if needed.

I am the sole African-American in the department and the sole person from the West Indies.

7. What reason(s) were given to you for the acts you consider discriminatory? By whom? His or Her Job Title?

8. Describe who was in the same or similar situation as you and how they were treated. For example, who else applied for the same job you did, who else had the same attendance record, or who else had the same performance? Provide the race, sex, age, national origin, religion, or disability of these individuals, if known, and if it relates to your claim of discrimination. For example, if your complaint alleges race discrimination, provide the race of each person; if it alleges sex discrimination, provide the sex of each person; and so on. Use additional sheets if needed.

Of the persons in the same or similar situation as you, who was treated better than you?

A. Full Name	Race, sex, age, national origin, religion or disability	Job Title
All other High School English teachers	White	Teachers
Description of Treatment		

B. Full Name	Race, sex, age, national origin, religion or disability	Job Title
Description of Treatment		

Of the persons in the same or similar situation as you, who was treated *worse* than you?

A. <u>Full Name</u>	<u>Race, sex, age, national origin, religion or disability</u>	<u>Job Title</u>
N/A		

Description of Treatment

B. <u>Full Name</u>	<u>Race, sex, age, national origin, religion or disability</u>	<u>Job Title</u>

Description of Treatment

Of the persons in the same or similar situation as you, who was treated the *same* as you?

A. <u>Full Name</u>	<u>Race, sex, age, national origin, religion or disability</u>	<u>Job Title</u>
N/A		

Description of Treatment

B. <u>Full Name</u>	<u>Race, sex, age, national origin, religion or disability</u>	<u>Job Title</u>

Description of Treatment

Answer questions 9-12 only if you are claiming discrimination based on disability. If not, skip to question 13. Please tell us if you have more than one disability. Please add additional pages if needed.

9. Please check all that apply:

- ☐ Yes, I have a disability
- ☐ I do not have a disability now but I did have one
- ☐ No disability but the organization treats me as if I am disabled

10. What is the disability that you believe is the reason for the adverse action taken against you? Does this disability prevent or limit you from doing anything? (e.g., lifting, sleeping, breathing, walking, caring for yourself, working, etc.).

11. Do you use medications, medical equipment or anything else to lessen or eliminate the symptoms of your disability?

Yes ☐ No ☐

If "Yes," what medication, medical equipment or other assistance do you use?

12. Did you ask your employer for any changes or assistance to do your job because of your disability?

Yes ☐ No ☐

If "YES", when did you ask? _____ How did you ask (verbally or in writing)? _____

Who did you ask? (Provide full name and job title of person)

Describe the changes or assistance that you asked for:

How did your employer respond to your request?

13. Are there any witnesses to the alleged discriminatory incidents? If yes, please identify them below and tell us what they will say. (Please attach additional pages if needed to complete your response)

A. Full Name	Job Title	Address & Phone Number
See attached District complaint		

What do you believe this person will tell us?

B. Full Name	Job Title	Address & Phone Number

What do you believe this person will tell us?

See attached District complaint

14. Have you filed a charge previously in this matter with EEOC or another agency? Yes ☐ No ☒

15. If you have filed a complaint with another agency, provide name of agency and date of filing:

16. Have you sought help about this situation from a union, an attorney, or any other source? Yes ☒ No ☐

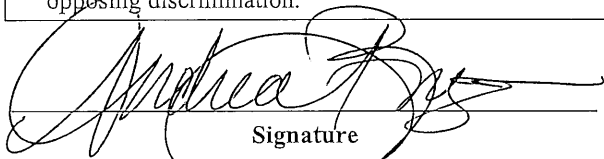
Provide name of organization, name of person you spoke with and date of contact. Results, if any?

I have consulted with an attorney (see Contact info above). The teacher union has chosen not to get involved because other teachers were the harassers. Despite knowing of the acts of harassment/discrimination, District and school administrators have taken little action to end it.

Please check one of the boxes below to tell us what you would like us to do with the information you are providing on this questionnaire. If you would like to file a charge of job discrimination, you must do so either within 180 days from the day you knew about the discrimination, or within 300 days from the day you knew about the discrimination if the employer is located in a place where a state or local government agency enforces laws similar to the EEOC's laws. If you do not file a charge of discrimination within the time limits, you will lose your rights. If you would like more information before filing a charge or you have concerns about EEOC's notifying the employer, union, or employment agency about your charge, you may wish to check Box 1. If you want to file a charge, you should check Box 2.

Box 1 ☐ I want to talk to an EEOC employee before deciding whether to file a charge. I understand that by checking this box, I have not filed a charge with the EEOC. I also understand that I could lose my rights if I do not file a charge in time.

Box 2 ☒ I want to file a charge of discrimination, and I authorize the EEOC to look into the discrimination I described above. I understand that the EEOC must give the employer, union, or employment agency that I accuse of discrimination information about the charge, including my name. I also understand that the EEOC can only accept charges of job discrimination based on race, color, religion, sex, national origin, disability, age, genetic information, or retaliation for opposing discrimination.


Signature

07/09/2018

Today's Date

PRIVACY ACT STATEMENT: This form is covered by the Privacy Act of 1974: Public Law 93-579. Authority for requesting personal data and the uses thereof are:

1. FORM NUMBER/TITLE/DATE. EEOC Intake Questionnaire (9/20/08).
2. AUTHORITY. 42 U.S.C. § 2000c-5(b), 29 U.S.C. § 211, 29 U.S.C. § 626, 42 U.S.C. 12117(a), 42 USC §2000ff-6.
3. PRINCIPAL PURPOSE. The purpose of this questionnaire is to solicit information about claims of employment discrimination, determine whether the EEOC has jurisdiction over those claims, and provide charge filing counseling, as appropriate. Consistent with 29 CFR 1601.12(b) and 29 CFR 1626.8(c), this questionnaire may serve as a charge if it meets the elements of a charge.
4. ROUTINE USES. EEOC may disclose information from this form to other state, local and federal agencies as appropriate or necessary to carry out the Commission's functions, or if EEOC becomes aware of a civil or criminal law violation. EEOC may also disclose information to respondents in litigation, to congressional offices in response to inquiries from parties to the charge, to disciplinary committees investigating complaints against attorneys representing the parties to the charge, or to federal agencies inquiring about hiring or security clearance matters.
5. WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL FOR NOT PROVIDING INFORMATION. Providing of this information is voluntary but the failure to do so may hamper the Commission's investigation of a charge. It is not mandatory that this form be used to provide the requested information.